



# CITY OF EDINA

4801 50<sup>th</sup> Street West, Edina, MN 55424-1394

## Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.ci.edina.mn.us

**PERMIT NUMBER**

for office use only

## Plumbing Permit Application

PRINT OR TYPE APPLICATION

### Site Information

Address \_\_\_\_\_ Suite/Unit number \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Tenant/Building name \_\_\_\_\_

Is a variance required? ☐ Yes ☐ No If yes, provide Planning Department case number \_\_\_\_\_

### Work Description

Proposed starting date \_\_\_\_\_ Estimated completion date \_\_\_\_\_

☐ 1 New ☐ 2 Addition ☐ 3 Alteration ☐ 3 Remodel ☐ 4 Repair ☐ 4 Replace

☐ 01 Residential ☐ 02 Multi-family Residential ☐ 03 Commercial/ Industrial  
☐ 04 Schools ☐ 05 Churches & Religious Bldg ☐ 06 Hospital/ Institutional Bldg  
☐ 07 Other Non-residential Bldg ☐ 08 Other Non-building Structure ☐ 99 City Owned

☐ All Plumbing, New Home ☐ Dishwasher ☐ Kitchen Sink ☐ Shower ☐ Water Closet  
☐ Backflow Preventer ☐ Drinking Fountain ☐ Laundry Tub ☐ Slop Sink ☐ Water Heater  
☐ Bath Tub ☐ Flammable Waste Trap ☐ Lavatory Sink ☐ Urinal ☐ Water Meter  
☐ Bath  $\frac{3}{4}$  ☐ Floor Drain ☐ Misc. Fixtures ☐ Utility Sink ☐ Water Softener  
☐ Bath - Half ☐ Garbage Disposal ☐ Roof Drain ☐ Sump Pump/Draintile  
☐ Bath - Full ☐ Grease Trap ☐ RPZ Valve-**Commercial only** ☐ Sump Pump Discharge

Additional description \_\_\_\_\_

### Valuation

### Applicant is

☐ Owner ☐ Contractor ☐ Designer

### Contractor Information

Company Name \_\_\_\_\_ MN Contractors License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

### Designer Information

Company name \_\_\_\_\_ ☐ Engineer ☐ Master Plumber

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact person name \_\_\_\_\_ MN License/Registration # \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

**COMPLETE APPLICATION ON REVERSE SIDE**

**Owner Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant Signature**

I hereby apply for a permit and attest to the following:

- \* All information on this application is complete and accurate.
- \* All work will comply with Edina City Code and Minnesota State Building Code.
- \* I understand this is an application only, not a permit. Work will not start without an approved permit.
- \* All work will be done according to plans approved by the City of Edina when approved plans are required.
- \* Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's printed or typed name \_\_\_\_\_

**Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant**

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family (as defined in Edina City Code, Section 440.03, Subd. 2, Exception) will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's typed or printed name \_\_\_\_\_

**Approvals**

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Building Inspections Dept  
By \_\_\_\_\_ Date \_\_\_\_\_  
Engineering Dept  
By \_\_\_\_\_ Date \_\_\_\_\_  
Planning Dept  
By \_\_\_\_\_ Date \_\_\_\_\_  
Health Dept  
By \_\_\_\_\_ Date \_\_\_\_\_  
Fire Dept  
By \_\_\_\_\_ Date \_\_\_\_\_  
Assessing Dept  
By \_\_\_\_\_ Date \_\_\_\_\_

**Fees**

for office use only

Permit fee ☐ Yes ☐ No \_\_\_\_\_  
Plan review fee ☐ Yes ☐ No \_\_\_\_\_  
State surcharge ☐ Yes ☐ No \_\_\_\_\_  
Contractor license fee ☐ Yes ☐ No \_\_\_\_\_  
Investigation fee ☐ Yes ☐ No \_\_\_\_\_  
\_\_\_\_\_  
TOTAL \_\_\_\_\_